



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

	Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Ent			3E
	Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274,275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:				
	business to		corporation (KRS 273).	professional service corporation professional limited liability	
	2. The name of the entity is Central Contracting, Inc.  (The name must be identical to the name on record with the Secretary of State.)				
	3. The name of the entity to be used in Kentucky is (if applicable):  (Only provide if "real name" is unavailable for use; otherwise, leave blank.)				
	4. The state or country under whose law the entity is organized is West Virginia.				
	<ul> <li>5. The date of organization is9 -</li> <li>6. The mailing address of the entity's print</li> </ul>		and the period of duration is	(If left blank, the period is considered per	
	506 Sixth Avenue		St. Albans,	WV 25177	#02) **
	Street Address		City	State Zip Cod	e
	7. The street address of the entity's registered office in Kentucky is				
	306 West Main Stre Street Address (No P.O. Box Numbers)	et, Suite 512	Frankfort	KY 40601 State Zip Code	9
	and the name of the registered agent at that office is C T Corporation System				
	8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):				
res.	John Steve Cvechko	506 Sixth Av	renue St. Alba	ns, WV 25177	
a-	Name	Street or P.O. Box	City	State Zip Code	
1-Pres	Tim Aliff	506 Sixth Av	renue St. Alba	ns, WV 25177	
***		Street or P.O. Box	City	State Zip Code	
			renue St. Alba		
	Name Robert O. Orders, Jr. 506 Sixth Avenue St. Albans, WV 25177  9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.				
	10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.  11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:				
	12. This application will be effective upon filing, unless a delayed effective date and/or time is provided.  The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is April 12, 2012 10:00 at (Delayed effective date and/or time)				
	The same of the sa	Dor	nnie J. Sparks	CHICANA CANADA C	4-12-12
	Signature of Authorized Representative		Printed Name & Title	Date	
	CT Corporation System, consent to serve as the registered agent on behalf of the business entity.  Type/Print Name of Registered Agent				
	Signature of Registered Agent	Printed Name	ceise As	st. Secretary	4/12/12 Date
	(01/12)				